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Superintendent of the McLean Asylum for the Insane, Somerville, Mass.



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[From the *American Journal of Insanity*, for October, 1887.]



FIFTEEN NURSES. CLASS OF 1886.
MCLEAN ASYLUM TRAINING-SCHOOL.
COMPOSITE MADE BY NOTMAN.

From THE CENTURY MAGAZINE for November, 1887.

NURSING-REFORM FOR THE INSANE.*

BY EDWARD COWLES, M. D.,

Superintendent of the McLean Asylum for the Insane, Somerville, Mass.

It is a rare event when, in the cause of humanity, the gratitude of a great nation is earned as it was by Florence Nightingale in the noble reform which she began in 1854, in the Crimea; the whole world acknowledges its lasting debt to her. No greater work has ever been done for the amelioration of human suffering and the saving of human life than this, which has been accomplished in the brief time of one generation. The history of hospital reform, and of nursing reform in the general hospitals, is well known. But it seems not to be known so well that when Miss Nightingale went to Kaiserswerth in 1844, to be trained in the art of nursing the sick under the instruction of a Protestant Sisterhood, Parson Fliedner only represented there the humane spirit which had previously, in Germany, inspired also Dr. Jacobi in his work on "Hospitals for the Insane." The world knows what was done in France, years before that time, by Pinel. Dr. Jacobi despaired of his ideal in the attendance he desired for his patients; and since his book was republished in England in 1841, with Samuel Tuke's introduction, nothing has been written which sets forth a clearer or more humane conception of the needs of the sick, and especially of the insane, in intelligent and sympathetic personal attention, than came then from those two men. The leadership in these ideas of reform then belonged to those who had the care of the insane; and those who have come after them in this work have constantly striven to put these ideas into effect. Dr. Browne, at the Crichton Institution, in 1854, the same year that Miss Nightingale was in the Crimea, had as high a purpose and as humane desires, in giving his thirty lectures to his officers and attendants, and striving to get for his insane patients what so many have longed for—the ideal nurse. But the crying need of this has come down to our own times, through a series of lamentations that the boon could not be had, and of failures to gain it. In the meantime the way was opened for the general hospitals; the opportunity came, and with it the woman. She has created

* Read before the Psychological Section of the International Medical Congress, Washington, D. C., September 8, 1887.



an epoch for the hospitals, while the asylums were still groping to find the way in which they first felt the need of going.

There were reasons for this failure of the asylums; and now that, under the stimulus and example of the work in the hospitals, the former have made a beginning in nursing reform for the insane, it will be profitable to study those reasons, and to get as clear a view as possible of the best way to carry on the reform. The movement has been begun in America with a scope of purpose and an effectiveness of early results that furnish something to study, for improvement or approval. At this stage of progress it is important that good foundations shall be carefully laid, and that the contingencies which endanger the success of the movement shall be guarded against. "Slow and sure" is a good motto in this, as in many other things, because failure, or even qualified success, means at least the misfortune of delay in a great reform that is certain to prevail.

While viewing the subject in its larger aspects, it is the present purpose to say something of the apparent difficulties in establishing systematic methods of training nurses in our asylums,—difficulties that disappear if properly provided against; and especially to point out some of the real difficulties that will arise at the beginning and in the course of such a work, and threaten its failure. Something of warning and suggestion on my part may be justifiable, from its having happened to me, in the last fifteen years, to organize two training schools, one of them in a general hospital, and each requiring about five years for the preparation and establishment of the work. This must be the apology for assertions which it might require more extended discussion to sustain. Besides the difficulties that may be readily apprehended in making innovations in the usually well-ordered systems of asylum service, some other apparent ones, that seem to stand in the way of training nurses, may be mentioned as examples. It is thought by some that the educating and fitting of women, in the asylums, for general nursing will lead the nurses into this branch of the work for the public, and lose them to the asylums for whose benefit the labor of training is primarily undertaken; again, if to avoid this, they are trained simply for the especial nursing of the insane, they will find themselves without an occupation outside of the asylums, because there is so little done in the country in general in the private and home care of the insane. This at once shows that in addition to the interests of the asylums and their inmates, there are, on the one hand, important questions con-

cerning the interests of the public at large, and on the other, of the nurses themselves.

To answer these questions and others let us take a large view of the subject, in order to include some of its less obvious bearings, and look first at the results of the reform in the general hospitals. Those in Boston furnish good examples of these results, both to the hospitals and to the public. Previous to 1873, the old order of things existed in all America. In that year in Boston, (and in the same year in New York and New Haven), there were imported the beginnings of that most beneficent work first organized in its secular and effective form, by Florence Nightingale, at the St. Thomas Hospital thirteen years before. At the Massachusetts General Hospital the work began in a few wards in 1873, and at the Boston City Hospital the formal organization of a school was complete in 1878 for the whole hospital. In 1873 the instructed nurse was an experiment, and a cause of apprehension. It was said she would know too much, or would think she need not obey the physician in all particulars; she would tamper with the treatment; she would want to be a doctor herself, etc. Now there are in this country, few general hospitals of importance, in which nurses are not carefully trained in their duties, according to well-established methods of instruction.

In the short period of fourteen years, since the introduction of the reform in America, the following are some of the results of the work of the principal Boston schools—the Boston Training School at the Massachusetts General Hospital, and the Boston City Hospital Training School. The table shows the whole number of graduates, the average number of graduates that remain in the service, and the average number of nurses, trained and untrained, on duty at all times:

	Whole No. of Graduates.	Average No. of Graduates Remaining.	Whole No. of Nurses on Duty.
MASS. GEN. HOSPITAL,			
IN 14 YEARS,	159	10	60
BOSTON CITY HOSPITAL,			
IN 9 YEARS,	141	14	70
TOTALS,	300	24	130

Only so many graduates are retained each year as will fill the few vacancies that occur in the relatively permanent staff of head nurses, of whom there are only a little more than enough to furnish one for each ward, and to provide for some special service like night duty. At the Massachusetts General Hospital, the first class was graduated in 1875, of only three nurses; the second

class numbered eleven; the third, five; the fourth, twenty; the fifth, six; and the numbers have since ranged from fourteen to twenty-one graduates annually. The Boston City Hospital School has a similar history, graduating its first class in 1880, and averaging eighteen graduates annually for the whole time.

It is of interest here, to notice what has become of the three hundred graduates from these two schools. The figures are approximately as follows:

Remaining in Parent Hospitals, as stated,	24	
In other institutions,	30	
In District Nursing,	8	
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Total in institution and public work,.....	62	
Engaged in private nursing,.....	170	
	<hr/>	232
Total continuing as nurses,	232	
Married,.....	37	
Died,	10	
Studied medicine.	1	
Unknown as to abode and occupation,.....	20	
	<hr/>	68
Total out of service,.....	68	<hr/>
		300

Thus it appears that more than three-fourths are continuing the work of their new profession. It is significant that only one has studied medicine; Florence Nightingale said that woman was made to be a nurse and not a physician. The most of those in other institutions, and a number of the private nurses, are in other States. The City Hospital being the larger has done about one-half of this work in nine years, against the fourteen years of the Massachusetts General Hospital.

The Registry for Nurses in Boston, has been in existence nine years; its work is represented in gross as follows:

Number of male nurses registered,	84
Non-graduate female nurses,	408
Graduate female nurses,	245
	<hr/>
Total number registered,.....	737

But in the year ending November, 1886, these two hundred and forty-five trained nurses were represented in the registry by only one hundred and sixteen of their number who remained connected with it; and the proportion of trained nurses to the untrained

is increasing every year. In the training of nurses for more special work mention should be made of the New England Hospital for Women, and the Boston Lying-in Hospital.

The showing here given, from only one centre of this nursing reform, indicates how ready and active is the growing demand for the services of this profession; how quickly the product of the schools is scattered; what an immense agency for good is being evolved by this movement; and what a small proportion of those graduated from the schools is found to be enough to be retained in the hospitals, in order to perpetuate the invaluable advantages of the new system. It is noteworthy, also, that so large a proportion as nearly one-fourth has so soon fallen out of the work. The annual product from the two hospitals, here specially mentioned, is about thirty-five graduates, and of these only about five to eight are retained, in both together, to fill vacancies made by retiring head nurses. It is remarkable that these results have come, in so short a time, from meagre beginnings; for several years it was difficult to find enough women to undertake the work, but now, in contrast, the number of applicants is far in excess of the requirements. All foreknown vacancies occurring from regular graduations, are filled a year in advance at the Massachusetts General Hospital, and it often happens, in both hospitals, that fifty applications are received in a single month.

The Boston Registry frequently sends the city-trained nurses to places in all parts of New England; and applications are constantly being received, from all parts of the country, for nurses to go and settle in the cities where there is no supply. There are now in this country more than thirty such schools, and yet the supply of graduates from well-organized schools falls far short of the demand. At the last annual meeting of the Massachusetts Medical Society, a paper was read by Dr. Worcester, of Waltham, on "Training Nurses," advocating the importance and feasibility of doing this for country practice. His arguments were drawn from practical experience in a small country hospital. It is the trained nurse that makes practicable the extension of the cottage hospital system, in which there is, happily, such a growing interest in America, and in which a good proportion of the graduates of the schools is already employed. The demand for this special work must increase, and it is probable that, in time, trained nurses will become as common as physicians, even in country towns; there is evidence now that the physicians of Massachusetts, for example, are generally ready to employ such nurses when they can get them.

It is really no loss to the movement that so many of the nurses fall out into other ways of living; the more there are who marry, the more generally will be distributed, in domestic life, an understanding of the use and value of their training. It will take time, of course, to attain such general results as are here indicated, but it must be, always, a simple question of supply, demand, and diminishing cost to an acceptable and equitable standard, just as it is for medical services. Any present evils, if such there be, of over-training or other errors of the system, are sure to be corrected in time, by the repressing influences that must always exist.

Any one who has watched the progress of this reform, would undoubtedly say that from the beginning the demand for nurses has grown with the supply, and that it will be practically unlimited. In fact, in the country in general, it will be long before the present stage is passed, in which the supply must *precede* the demand, for the reason that the value and practicability of the common employment of such services can not become generally known except by the gradual diffusion of their actual use, which must come by the distribution of persons enough to render them available. The establishment of the Registry for Nurses in Boston, in 1879, has had a large and important influence in this matter, by regulating and facilitating the employment of these nurses, thus aiding greatly in introducing among the public a knowledge of their value, and making a market for the products of the schools. Were there no such market the manufactories, so to speak, would languish.

These considerations lead to one of the points already mentioned, which needs to be especially emphasized, and it is the main proposition of this paper. One of the most important requirements is, that there shall be an ample and continued demand, outside of the asylums, for the services of such a profession, otherwise the new system would have failed long ago. In the old order of things, with only exceptions enough to prove the rule, the attendant has been a make-shift for the asylums; her asylum work is a make-shift for herself also, and will always be so until such work fits her for, and leads her to, a respectable and more remunerative, or otherwise desirable, life-supporting occupation. When this is done, the benefit* of the asylums, as now of the hospitals, will lie in this very fact, and secondarily in the fact that not all graduate nurses will be so led away from institution work. Some will remain in it precisely as do medical men; indeed, with a difference only in the grade of the work, the

analogy in this regard is very close between the professions of the physician and the nurse.

There is a direct relation between our need of kind and intelligent nurses, and the necessity in their interest for fitting them to engage in a desirable occupation outside of the asylums, as an offset to the undesirable character of the service. Samuel Tuke, in 1841, describing the often repulsive and trying character of the work of caring for the insane, says "Can it be surprising then, if it be so difficult to meet with persons to fill properly the post of attendant on the insane; that instances of neglect or abuse so frequently occur?" He quotes Dr. Jacobi as saying, "I believe that this difficulty will never be surmounted till the spirit of the age becomes so far changed as to induce persons of cultivated minds and benevolent hearts to devote themselves to this employment from religious motives." But Mr. Tuke's comment on this is, that "such attendants would indeed be invaluable; experience however, in England as well as in Germany, does not lead us to expect a supply of this class." And further, speaking of what we primarily want "in those who have charge of the insane" as being "a sympathizing unselfish character connected with firmness and energy of mind," he says "these traits are however, by no means commonly found in attendants." In 1876, Dr. Clouston still had to lament the unattainableness of the ideal asylum and attendants, which he feelingly and graphically describes; and in his paper before the British Medico-Psychological Society, he puts the practical sense of the situation into these words, "I know of few members of this association who took to asylum life from 'higher motives' alone, however much these motives may influence the way our work is done. We can not expect from others what did not influence ourselves." In 1883, Dr. Clark advocated the education of attendants for a permanent occupation for the good of themselves as well as of the asylums. By this way, he said, we may advertise the asylums and attract to them the better raw material; by bringing more elevating influences to bear upon our attendants—in raising their social and industrial status, we shall raise them in the estimation of the public and themselves, and may reasonably expect a more marketable article by and by; their work will become a life-work worthy of the name.

It is curious to notice how slowly these more practical views have been put into effect in the asylums,—even in this country where the most is being done. But these views were the main-

springs of the principles that governed the work of the reform in the general hospitals, from the beginning twenty-seven years ago, and made it successful. We can not go against nature; we must take healthy human nature as we find it and make use of the common principle of wholesome self-interest as an instrument for our purpose. With proper regard for this principle we may expect our subjects to be able to afford the philanthropy we seek in them. This is not a theoretical matter. The analysis just given of the work of the Boston Training Schools, and the influence of the Registry for Nurses, proves every word here said, and that the application of these obvious business principles has already made the business success of this reform, as far as the general hospitals are concerned.

Now the application of this to our immediate purpose teaches us not only what our first action should be in the premises, but also the reasons to which allusion has been made, for the many failures of the asylums in their gropings for this object in the last forty or fifty years. The asylums, all the time, began at the wrong end of the problem, ignoring too much the larger view. The limited object of the immediate interests of the service, and of the insane in the asylums, the ease of giving a few lectures which made a quick but deceptive show of "systematic training," the lack of the sustaining moral and business force of the outside organizations by which the first training schools were established in the hospitals, have led to disappointment and failure. The warning is plain; the lesson is,—lay a good foundation for your work and build upon it safely and surely. In the general hospitals the order of importance is reversed,—lectures are regarded as of minor consequence, and true training as consisting of practical work in the wards and drill by teachers in class-room work in the text-books. Another of the prime causes of the failures was that no public demand had been created for asylum-trained nurses;—the superintendents could not,—and later did not when they could,—set before the prospective attendant anything beyond the moderately paid asylum work as an adequate object of a reasonable self-interest. The general hospital schools met a more obvious want, thus having the advantage of the asylums; the hospitals have led the way; the asylums have only to recognize the fundamental principles which sustain the former, and to follow their methods now well-established and approved by experience. There is no need of more "attempts" and "experiments."

Looking at this larger aspect of the movement, and on the basis

of the proposition to which we now return, that it is essential to its success that there shall be a large and continued demand for the product of our schools, certain practical questions arise, and the answers to these furnish the solution of our problem. The truth of the foregoing proposition was made plain in the first six years of the reform in America; and when, in 1879, it was determined to carry it into the asylum at Somerville, we found ourselves confronted by the questions just intimated. The use here of our experience may be pardoned, for the sake of clearer illustration; a few facts will be of more value than any theory. There was no uncertainty, with us, in regard to what the school should be, as to its methods;—its needs, as to its organization and the provision of a suitable teaching staff; etc.; it was to be no “attempt;” all was clear enough on these points. But the first question was, “How shall we make a nurse that will be useful to the public, and command its patronage; in other words, how shall we best subserve the grand purpose of all our work,—the public good, to which the personal interest of the nurse is incidental and complemental, and really a means to that greater good?”

The specialist nurse, we knew, would be a failure; and upon the success of the individual nurse, in the public service, was believed to depend the ultimate success of asylum training. The precise question was, “Can we teach the asylum attendant to be a good general nurse, with the limited amount of ‘bodily’ nursing there is among the insane?” (With respect to this, by the way, the large asylums, with their “infirmaries,” have an advantage over so small a one as the McLean.) A collateral question was, “If we put the work upon the basis of that of a general hospital,—adopt hospital methods,—hold the inmates in the attitude of being sick persons, and as ‘patients,’ will it be consistent with the best interests of the insane as to moral treatment,—promoting home-like conditions, etc.?” It was determined, however, at the outset, to call the patients “patients,” as if to say, “you are sick, and may get well;” to make the attendants “nurses,” and the place a “hospital.” All the details of bedside attendance upon the sick were amplified as much as possible,—the most was made of all opportunities. For example, nurses practiced in keeping a chart of the temperature, pulse, and respiration, and taking other notes, could thus learn to perform these quite mechanical acts as understandingly as is necessary in any case. They would be relatively on a par with many medical graduates who see little of “cases,” till they come to treat them.

The practical questions resolved themselves, therefore, into one of getting proper instructors and laying a foundation for thorough work in the training, so that when this formally began there would be no half-way efforts that would invite failure by their inefficiency. At first a number of trained nurses from the general hospitals were invited into the service. Indeed, one employed as early as 1877, in a common ward for men, remained there five years, but with limited duty; still she and her successors,—the arrangement being extended to include other wards,—demonstrated the admissibility and the great advantages of the daily presence of unmarried nurses and ward-maids among male patients. From 1880 to 1885, nine other such hospital nurses were employed in female wards, with a view to gaining their aid in the establishment of our school. With one exception the terms of service of these were only between one and six months; they would stay no longer. One other was appointed Superintendent of Nurses, in 1882, but withdrew after two years; and another, promoted to be supervisor, still remains after three years' service, doing good work also as a teacher. From experience with these twelve nurses, there is ample warrant for saying that their general hospital training had, in some respects, actually unfitted them for "mental" nursing. They wanted to *see* some illness or injury, and to have something active to *do*; it was irksome to sit down and be companions to patients who did not do as they were told,—as the nurse had been led to expect among those having only "bodily" illnesses. Therefore these nurses were slow to acquire the true asylum spirit. The outcome of it was, that our female supervisor, who had been nearly twenty years in the asylum, was allowed by the authorities of the Boston City Hospital, to receive there a six months' special and comprehensive course of training. She was instructed, not only in the points upon which her experience was lacking, but she *learned the technique of school methods*. This done, (our whole service having been, by that time, brought up to doing the work in hospital ways, and to the expectation and desire for being trained), we were then, at once, able to have a school in full operation. The system of lectures,—the easiest part of it all to maintain,—was supplemental; this work, on the part of the medical staff, having been once prepared, there is afterwards comparatively little trouble in revising and repeating the lectures to successive classes.

In my judgment the important thing is to make large account of the general nursing. In the two years of training, the eight

months' term of the first year are given almost wholly to this in about thirty recitations, one each week, in several text-books; and in thirty lectures. Very recently the superintendent of the school at the Massachusetts General Hospital said to me (of two of our graduates taking a supplementary course of a year for a second graduation there), "they have been over this ground so thoroughly in their class-work and lectures with you, that they do not need that kind of instruction with us." At the asylum, therefore, they are trained as "bodily" nurses the first year and acquire the professional spirit that animates good work in that field, besides gaining some satisfactory practical knowledge of this business. At the same time, they have been trained by practical example and exercise in "mental" nursing, which is farther developed in the school work of the second year, in another series of as many recitations and lectures as in the first year.

The results now are that two classes, of sixteen and eight nurses respectively, have been graduated, and there is a senior class of fifteen pupils and a junior class of more than that number. Four only of the first class remain; two of these will probably enter the hospital, and after graduation there will come back to the asylum. Two, as has been said, are already finishing the extra year there. Ten have been engaged in private nursing with great success and are in active demand,—receiving fifteen dollars per week. None have been found wanting as "bodily" nurses, and some of the patients attended required a good knowledge of it. The second class of eight still remains with us. Ultimately we shall retain two or three of the first class, and so on of subsequent classes, and be entirely content to do only that.*

On the basis of this experience, it seems proper even to urge the suggestions here made. The first thing is to make a good preparation; there can be no doubt as to results, with a right beginning. Do not try to begin with a simply hospital-trained woman in charge, if better can be done, but regard it as imperative that, whoever it is, she shall have some general hospital training. This will avert great trouble and loss of time. About the second or third year, it will be discovered that the work is growing harder,—that the zeal of all concerned is failing, and that petty difficulties arise which a woman experienced in a hospital school would get on with as a matter of course, without

* A full account of the history of the school, with details of its organization, and courses of study, may be found in the Annual Reports of the McLean Asylum for the last six years,—particularly in that for 1885.

discouragement to the superintendent of the asylum. These drawbacks will be avoided, and the school will be self-perpetuating. In fact, the great point is, to keep clear in mind that the school system is a new and distinct department of asylum work;—provide it then with adequate and special officers, or specially train the existing ones, as teachers, and do not make its perpetuation dependent upon the continuous carrying on of its details and extra work by the medical staff, as a material addition to its duties. The best way is, to begin with the women alone, and get well organized on that basis; it is easier to get suitable assistance in teaching them. The men can be taken in afterwards with less risk and labor, when it is only necessary to extend an established system. As a head for the school, take some suitable woman already in the service, used to the ways of that particular asylum and its superintendent, and send her to some general hospital, to be fitted for the new work; a year's training might be enough. The hospitals are likely to be willing to help in this way; such things were done for some of them in the beginning. Do this first, and time will be saved thereby in the long run. While she is away some minor details of the new system can be introduced. In default of having such a woman, get one if possible who has already had training in both a hospital and some other asylum. That such a preparation will lead to success has yet to be shown; of course allowance must be made for the personal qualities which training can not change. Another way is possibly practicable. There must be some hospital-trained nurses who will enter upon asylum work with the right understanding and purpose when it comes to be known that there is in it an ample field for humane effort. Let such a woman be put into the wards, one after another, quietly keeping her own counsel, until she learns the peculiarities of the work, and gets the asylum idea and spirit if she can; then promote her for the purpose in view.

In regard to the training of men it is only to be said that we have been content to go slowly, and do one thing at a time. They do not lend themselves so pliantly as women to the spirit of the work; the inducements can not as yet be made so strong for them. Last year we arrived at the point of beginning recitations and lectures, with the first class of fifteen men. All new comers now readily obligate themselves to take the full two years' course. The second assistant physician mainly conducts this class. This year there will be two classes of men in operation, and the male supervisor is expected to become qualified to do a part of the class-room teaching, which eventually, with the assistance of some

future graduate, he may almost wholly do, relieving the assistant physicians from this part of the work. This is another way of providing teachers,—made necessary because the general hospitals do not yet undertake the special training of men. The indications of substantial results are already good among the men.

It has seemed to me to be fair, to hold out to young men and women, in our prospectuses and otherwise, the great advantages to be gained by them from this training, even if they have no idea of following the profession of nursing. The whole matter of instructing certain classes of people, as well as the public in general, by courses of what are called “emergency lectures” is becoming much in vogue and is precisely to the point in this regard. Young men and women, in an asylum training school, in addition to the regular compensation for service, would get this kind of valuable information, useful in any walk in life, and in a way to amount to something. Again, the primary education of those who can make great success in this calling is defective in many cases, and can be improved in most by the educational means necessarily employed in such school exercises as have been described. The study of the ordinary school text-books on “Physiology and Hygiene,” and other methodical class work; the writing out of notes of lectures with the criticisms thereon—the mental discipline in general, from all such exercises, are of themselves educational in the best sense, in the fundamental requirements of the common schools. There is besides the moral education. One only knows the full force of this who has seen the transformation, under his own eyes, of a company of earnest excellent young women; there comes into their faces—one feels as if he had “talked” it into them—the sure and pleasing signs of mental growth, as from girls they come to be thoughtful women, in so short a time. Some proof of this is shown, better than in words, by a composite photograph of the nurses of our first class, a copy of which may be found in the *Century Magazine* for November, in a second article by Professor Stoddard, on Composite Photography.

These considerations have impressed me with a more general one as to the interest and duty of the State in this matter. It is, to my mind, clearly within its interest to foster in the most efficient way, the progress of this reform; the diffusion of a practical knowledge of insanity, is, of itself, in the direction of prevention, and the wider the distribution of persons well-instructed even in elementary but practical knowledge of the subject, must be of great good. Why then should not asylum

schools be regarded as a part of the public school system, and as entitled to the fostering care of the State on this ground? Among the ideas of the duty of the State now gaining recognition in regard to industrial education, can not this work have its place, to a very direct end in the benefit of the State? The last Massachusetts Legislature was asked to permit the annual use of a small part of the surplus of one of the State asylums for the foundation and support of a "Training School," but for want of appreciation of the importance of the subject, it was lost in committee. The "school" must come in the asylums, for the good is so great from the small outlay required. Two thousand to three thousand dollars should amply cover all additional cost, not only for increased salaries of the teachers, but to pay ten dollars per month extra, if necessary, to each of the ten or twelve graduates who will be induced to remain as head nurses. Not every ward will need a graduate head nurse; to put advanced pupils in charge of some of them will be an advantage. The head of the school and her assistants as supervisors for the day and night, (all as teachers), should have liberal compensation, for the work is of a higher order than it has been accounted, and the results are worth more than they will cost. The other expenses, besides these for services will be insignificant.

The part of the asylums in the general movement begun by Florence Nightingale, may be made a large and proper one. The distribution of hospitals throughout the country is not general enough to do what the asylums can in this regard, these are so regularly situated as local centres. Thus each in its own locality may find sufficient demand for its products to stimulate their manufacture for the public service, and concurrently to supply its own wants. Every city of moderate size should have its registry for nurses, however humble it may begin; it may finally serve the whole country of which it is the centre. In the preparatory years of the school at the McLean Asylum, fifty nurses were sent out to private cases, thirty-one women and nineteen men, many of them returning when the special service was ended; the public was diligently led to understand that nurses would be so supplied; and for the sake of the ultimate greater good, the immediate convenience and economy of the asylum was often sacrificed by giving the best nurses the chances for the extra compensation. This was a strong stimulus for the school. In like manner, let the public expect to find general nurses by applying to all the asylums. Again, under a similar policy, any one of its departing graduate nurses is given

employment, at the McLean Asylum, whenever she wishes to return, upon agreeing to stay at least three months.

A word may be said in regard to the very large hospitals, with a corps of attendants that would be unwieldy in such school training. Classes of twelve pupils, each year, are quite large enough to be handled to the best advantage. It would seem that a working standard, suited to the circumstances, might be adopted, by which there could be two grades, one of attendants and one of nurses, selecting and promoting the most promising of the lower grade. Such a number of pupils would probably in time, supply the needs of any large asylum.

Another question arises in regard to the promotion of the private care of the insane; there is much that may be said upon this subject. In this country it is probable that we are to repeat the history of British Lunacy in this respect. This is said with no disparagement to the honorable gentlemen doing legitimate work in the private establishments and in the home treatment of the insane. Of course such houses should be under governmental inspection and endorsement, even if for no higher purpose than the protection of their proprietors, while the "home care" of these unfortunates may be carried on in a particularly loose and irresponsible way in the present order of things. The deliberate sending out of trained asylum nurses is not to be considered as liable to foster any evil in this direction—that must be antagonized by the usual corrective effect of time and experience. Is not the truest corrective in this matter also, in the seeing to it that all who have to do with the insane shall receive from us all that is in our power to give of whatever is right, and true, and honest, in all that goes to promote the intelligent and humane care of these unhappy people? Our views in these matters will the sooner prevail, the more there are of the well-instructed missionaries that go out from us.

Quite enough has probably been said, by way of warning, to redeem the promise in the beginning of this paper. Mention should be made, however, of a point of criticism of the new system, in New England, which may be instructive. There are conservative and intelligent physicians and surgeons who deprecate what they regard as the injudicious ideas of certain promoters of these schools, which beget too much of the masquerading of "higher motives," and the "woman's mission." It is not likely that this will amount to a serious evil;—in fact the tendency has been to resolve the sensational elements, at first not uncommon, into the plain common sense of simple good motives, and good conduct, and good work, in the seeking for an honest and respecta-

ble livelihood. It was a timely caution, however, recently given by an eminent surgeon, against training the woman so that she becomes a sort of hybrid, which is neither nurse nor doctor. In the beginning of a school, a few nurses, who know how to do acceptable work, with no parade nor nonsense, will do more to help on the cause, outside and inside of the asylums, than anything else. Of our graduates, we should be able to feel content in saying, "By their works ye shall know them and us." At the McLean Asylum the nurses are not taught to write theses and the like; they are quietly handed their diplomas when they are due, and there is rigid avoidance of promoting any other spirit than that of aiming at modest, quiet, unobtrusive devotion to honest work. In this we but imitate what is really the aim of the general hospital schools which have been established long enough to have settled down to the plain methods of solid business.

The feeling is strong upon me that the importance of this nursing reform for the insane is not yet half realized. The keen psychological interest an intelligent nurse will take (when taught to do it), in the mental operations of an insane patient, is something beyond even my very sanguine expectations. This puts a power into our hands for the moral treatment of our patients that opens wide possibilities in promoting their comfort and cure. One must believe this when he finds his nurses methodically and intelligently fitting their manner and speech to different patients, and with womanly gentleness, as well as with an effectiveness that comes from an almost unconscious knowledge (so to speak) of power to manage the varying mental states of the insane. The acute intuition of women, when trained to this work, becomes a most valuable instrument in our hands.

It is not the least of the advantages of this system, that it develops the personal relation between officers and the nurses. One can not meet his people, even somewhat formally in the lecture-room, every week for a series of months, without being more keenly moved by a sympathetic interest in each of them,—in their troubles, their good efforts, and their attainments. They discover this feeling, of course, and there is soon a community of interest, a unity of purpose, and a mutual confidence that brings good to the common cause. Were no "graduates" to remain in the asylums, the value and comfort of this system would be so great, in the current benefit of carrying it on, that once appreciated, no asylum superintendent would be deprived of it.

Finally: get ready before beginning; begin rightly; go slowly; do the work thoroughly; and there will surely be good results.

